

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

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SECRETARY OF THE SENATE
PUBLIC RELATIONS
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1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**
Maggie for NH

ADDRESS (number and street) PO Box 298

☐ Check if different than previously reported (ACC)

Concord

CITY

NH
STATE

03301

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00588772

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

NH

00

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15

Quarterly Report (Q2) and/or Semi-annual Report

☒ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)

This report also covers the semi-annual period

Election on in the State of

See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

This report also covers the semi-annual period

Election on in the State of

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers 07 01 2016 through 09 30 2016

and/or ☐ January 1 - June 30

☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

78055.54

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sullivan, Kathleen, N.,

Signature of Treasurer

Kathleen N. Sullivan

10 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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